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Application First Named Inventor 2812 Art Unit Address to: Commissioner for Patents **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450 13004-4 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: 00757 OR Firm or Individual Name Address City State Zip Country Telephone Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 31424 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number_ Signature Typed or Printed Steven P. Shurtz Name Telephone 801-355-7900 Date 3/5/2007 NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algnature is required, see below. -Total of forms are submitted.

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